



Expenses claim form for parents

Please complete this form in CAPITAL LETTERS and attach all receipts and tickets.

Section 1: Personal details

Surname

First name(s)

Home telephone number

Home address

Postcode

Section 2: Method of payment

Please pay me: ☐ By cheque to my home address, **please go to Section 3**

☐ Direct to my bank, **please complete the details below**

Name of bank

Address

Postcode

Account name

Account number

Sort code

Section 3: Hearing details

Date of hearing

Full name of child

Surname

First name(s)

Appeal/Claim number

Full name of carer

Surname

First name(s)

Section 4: Travel expenses

Date of hearing

/ /

Method of transport

☐ Bus ☐ Train ☐ Car

☐ Other (Please specify) _____

Where did your journey start?

Where did your journey end?

If you travelled by your own motor vehicle how many miles did you travel? (Home to hearing and back)

Mileage is currently paid at 23.8p per mile

Amount claimed £

Section 5: Declaration

- This claim has been made in accordance with the guidance issued to me.
- No other claim for these expenses has been or will be made against the tribunal or any other government department.
- If you are making a claim with missing tickets/receipts please complete a special educational needs form **SEND17** and returned it with this form.

Name

Signature

Date

/ /

Please send your completed form and all your receipts and tickets to: Special Educational Needs and Disability Tribunal, 1st Floor, Darlington Magistrates Court, Parkgate, Darlington DL1 1RU **Telephone:** 01325 289350 **Fax:** 0870 739 4017